

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for date of service 12/06/01?  
b. The request was received on 05/23/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g)(4), the Division notified the insurance carrier Austin Representative of their copy of the request on 08/02/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of "Letter Requesting Additional Information" is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: undated letter to TWCC  
"Procedure code 63047 and 22612 were denied as bundled with 22630. These codes should have been paid separately. Per the 1996 Medical Fee Schedule we should use the 'Global Service Data for Orthopedic Surgery' for billing surgeries. In the book it does not show that the procedures are global."
2. Respondent: none submitted

### **IV. FINDINGS**

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 12/06/01.
2. The carrier's EOB have the denial code, "G – UNBUNDLING OF PROCEDURE PERFORMED."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
12/06/01	63047	\$3540.00	\$0.00	G	\$3540.00	MFG, SGR (I)(D)(1) & (I)(E)(2), CPT descriptors; Global Service	CPT code 63047 represents the highest billed MAR and should be reimbursed as the primary procedure per the SGR (I)(D)(1)(a). Therefore, reimbursement of <b>\$3540.00</b> is recommended.
12/06/01	63012	\$3136.00	\$3136.00	None	\$3136.00	Data for Orthopaedic Surgery (GSDOS), 1994	The Carrier reimbursed the CPT code 63012 as the primary procedure. Per the GSDOS this code should not have been reimbursed and the carrier is entitled to credit for the <b>\$3136.00</b> overpayment.
12/06/01	22612	\$2529.00	\$0.00	G	\$2529.00		CPT code 22612 is not global to the primary CPT code billed on this date of service. Per the SGR (I)(E)(2)(b) this code should have been billed with the -51 modifier and should be reimbursed at 50% of MAR. Therefore, reimbursement of <b>\$1264.50</b> is recommended.
<b>Totals</b>		\$6069.00	\$3136.00				The Requestor is entitled to additional reimbursement in the amount of \$1,668.50 (\$3540.00 + \$1264.50 = \$4804.50 - \$3136.00 = \$1668.50 net)

The above Findings and Decision are hereby issued this 30<sup>th</sup> day of October 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,668.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 30<sup>th</sup> day of October 2002.

Carolyn Ollar  
Medical Dispute Resolution Supervisor  
Medical Review Division

CO/lb